DLN: 93493296004442

# Form 990

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public **Inspection** 

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number B Check if applicable AM FED OF GOVERNMENT EMPLOYEES 2455 AFGE NBP LOCAL Address change 74-6075525 Doing Business As E Telephone number Name change (956) 763-3644 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 221,276 Terminated Amended return City or town, state or country, and ZIP  $+\ 4$ LAREDO, TX 780442363 Application pending Name and address of principal officer H(a) Is this a group return for SERGIO MORENO affiliates? 6828 SPRINGFIELD AVE STE2 LAREDO, TX 78041 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ✓ 501(c) (5) ◀ (insert no ) √ 4947(a)(1) or 
√ 527 H(c) Group exemption number ► Website: L Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE OBJECTIVE OF THE LOCAL SHALL BE TO PROMOTE THE GENERAL WELFARE OF CIVILIAN GOVERNMENTAL EMPLOYEES THE LOCAL SHALL STRIVE TO PROMOTE EFFICIENCY IN THE GOVERNMENTAL SERVICE, AND SHALL ADVANCE PLANS OF IMPROVEMENT TO BE SECURED BY LEGISLATIVE ENACTMENT THROUGH COOPERATION WITH Activities & Governance GOVERNMENTAL OFFICIALS AND BY OTHER LAWFUL MEANS ' 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 0 6 Total number of volunteers (estimate if necessary) . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . . . . . 0 204,647 9 Program service revenue (Part VIII, line 2g) . 135,839 2,727 4.460 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,575 13,902 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 221,276 159,874 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . 200 0 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 0 5 - 10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 112,810 375,727 17 113,010 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 375,727 19 Revenue less expenses Subtract line 18 from line 12 . . . . . . . . 46.864 -154,451 Not Assets or Fund Balances **Beginning of Current End of Year** Year 360.806 20 Total assets (Part X, line 16) . . . . 515,257 Total liabilities (Part X, line 26) . . . . . 21 515,257 360,806 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-10-18 Signature of officer Sian Here SERGIO MORENO PRESIDENT Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's RITA R DOMINGUEZ CPA 2012-10-22 self-(see instructions) signature Paid employed F Preparer's ERNESTO A DOMINGUEZ CPA Firm's name (or yours

9901 MCPHERSON RD STE 202

LAREDO, TX 78045 May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

ıf self-employed),

address, and ZIP + 4

**Use Only** 

EIN Þ

Phone no 🕨 (956) 727-8590

Par	: IIII	Statement of Prog Check if Schedule O con		<b>omplishments</b> ny question in this Part III			<u>.</u>
1	Brief	y describe the organizati	on's mission				
LO C /	ALSHA ROVEM	ALL STRIVE TO PROMO	TE EFFICIENCY IN T	HE GOVERNMENTAL SER	RE OF CIVILIAN GOVERN VICE, AND SHALL ADVAN PERATION WITH GOVERN	CEPLANSOF	
2	the pr	ior Form 990 or 990-EZ7	·	m services during the year	which were not listed on	┌ Yes ┌ No	
2		s," describe these new se					
3	servi	es?		ficant changes in how it co	nducts, any program	┌ Yes ┌ No	
		s," describe these change					
4	exper	ses Section 501(c)(3) a	nd 501(c)(4) organiza	tions and section 4947(a)	ree largest program service (1) trusts are required to rej h program service reported		
 4a	(Code	e ) (Exp	penses \$	ıncludıng grants of \$	) (Revenue \$		)
	HAVE	INCURRED LEGAL EXPENSES D NAL COUNCIL LOCALS ARE RE	UE TO JOB SITUATIONS WI	LL ALSO BE REIMBURSED BY THE	ATION NEEDED BY THE MEMBER 1 NATIONAL COUNCIL IF THEIR REG PURCHASED IN ORDER TO CARR	QUEST IS APPROVED	BY THE
4b	(Code	e ) (Exp	penses \$	including grants of \$	) (Revenue \$		)
4c	(Code	) (Exp	penses \$	including grants of \$	) (Revenue \$		)
	HAVE	MEMBER IS COVERED BY A MC			) (Revenue \$ ATION NEEDED BY THE MEMBER I NATIONAL ORGANIZATION IF THE		
	Othe	r program services (Des	cribe in Schedule O 1				
		enses \$	ıncludıng grai	nts of \$	) (Revenue \$	)	
4e		l program service expens				-	

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it deficate o contains a response to any question in this rare v		• •	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 4			
<b>L</b>				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: Tithe compatible to and 25 to supplie them 250 to the manufactured to a file (one materials)	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		N o
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<sub>_</sub> _		
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).	7a		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	/a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
·	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
2=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	***		
U	year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans  [13b]			
С	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI		7
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Se	ction A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
b	Enter the number of voting members included in line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?											
3												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes									
6	Did the organization have members or stockholders?	6	Yes									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following											
а	The governing body?	8a	Yes									
b	Each committee with authority to act on behalf of the governing body?	8b	Yes									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No								
	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		No								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes									
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No								
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b										
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c										
13	Did the organization have a written whistleblower policy?	13		No								
14	Did the organization have a written document retention and destruction policy?	14		No								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a		Νo								
b	Other officers or key employees of the organization	15b		No								
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No								
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?											
		16b										
<u>Se</u>	ction C. Disclosure											

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization SERGIO MORENO PO BOX 2363

LAREDO,TX 780442363 (956)763-3644

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	ation nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
<b>(A)</b> Name and Tıtle	(B) Average hours per week (describe hours	unles an	on (d e tha	n one son er ar	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) SERGIO MORENO PRESIDENT				х				0	0	0
(2) JEFFREY SHAWGO VICE-PRESIDE				х				0	0	0
(3) GILBERT AVILEZ VICE-PRESIDE				х				0	0	0
(4) TRACY BROWN VICE-PRESIDE				х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	hours more than one box, compensation per unless person is both week an officer and a (describe director/trustee) 2/1099-MISC) (W- 2/1099-MISC)							(F) Estima mount o compens from t	ited fother sation :he on and				
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compens⊄ed employee	Former			MISC)		relati organiza	
1b	Sub-Total			<u></u>		•		<u>▶</u>						
	T 1 1 ( 11 !! 41 . 14 )						_	<b> </b>						
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs			) who	receive	d more tha	an			
3	Did the organization list any <b>forr</b> on line 1a? <i>If "Yes," complete Sch</i>									t compens	ated employee		Yes	No
4	For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able	com	pens	sation	and	other cor			3 4		No
5	Did any person listed on line 1a services rendered to the organiz									anızatıon (	or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with			
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than			

Part V	ш	Statement of Revenue				
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
20	1a	Federated campaigns 1a				
⋥⋥	۱.	Membership dues 1b				
∺ಕ್ಷ	b	Membership dues 1b				
<u></u> ‰≣	С	Fundraising events 1c				
±a ra	d	Related organizations 1d				
ಕ್ಷಾ						
હ્≟⊑	е	Government grants (contributions) <b>1e</b>				
ું છે	f	All other contributions, gifts, grants, and <b>1f</b>	į	į		j j
Contributions, gifts, grants and other similar amounts		sımılar amounts not ıncluded above				
全吉!	g	Noncash contributions included in				
≢ਦੁ		lines 1a-1f \$				
င္မ	h	Total. Add lines 1a-1f				
		Buainaga Cada				
<u>a</u>		Business Code				
E	2a	MEMBERSHIP DUES	204,647	204,647		
5÷ 92	ь	_				
<u>ш</u>	١_					
<u>မို</u>	C					
£	d					
တ	e					
Program Service Revenue		All obbon me man and a second				
Ž	f	All other program service revenue				
ž	g	Total. Add lines 2a-2f	204,647			
	_		204,047			
	3	Investment income (including dividends, interest				
		and other similar amounts)	2,727	2,727		
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
	_	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	l c	Rental income				
	`	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount				
		from sales of				
		assets other than inventory				
	Ь	Less cost or				
		other basis and				
	l c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
Φ		events (not including				
=		\$				
亚		of contributions reported on line 1c)				
è		See Part IV, line 18				
<u> </u>		a				
<u> </u>	b	Less direct expenses b				
Other Revenue	c	Net income or (loss) from fundraising events 🕨				
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances.				
		a a				
	١.					
	Ь	Less cost of goods sold <b>b</b>				
	С	Net income or (loss) from sales of inventory 🕨				
		Miscellaneous Revenue Business Code				
	11a	REBATES - AFGE & NBPC,	13,902	13,902		
		OTHER	·	.		
	Ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		<b>►</b>	13,902			
	12	Total revenue. See Instructions				
	] **	Total revenue. See Instructions	221,276	221,276		

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10 Fees for services (non-employees) 11 Management . . . . . 7,240 Legal . . . . . . . . . . Accounting . . . . . . . . . . . . 2,600 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Advertising and promotion . . . 12 Office expenses . . . . . 13 14 Information technology . . . . . 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 19 Conferences, conventions, and meetings . . . . 78,870 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 3,348 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) EMBEZZLED FUNDS 210,385 TRAINING COSTS 38,699 **NEW MEMBERSHIP REBATES** 10,831 TELEPHONE AND TELEGRAPH 9,755 d е All other expenses 13,999 25 Total functional expenses. Add lines 1 through 24f 375,727 0 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 193,856 205,628 Cash—non-interest-bearing . . . . . . . . . . . . 1 314.593 146,520 2 2 Savings and temporary cash investments . . . . . . . 3 3 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L . . . . . 7 8 9 9 Prepaid expenses and deferred charges . . . . 24,235 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 15,577 b Less accumulated depreciation . . . . 6,808 10c 8,658 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 515,257 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 360,806 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . . 26 26 0 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 515,257 27 360,806 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 515.257 33 360.806 34 Total liabilities and net assets/fund balances . . . . 515.257 360,806 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	221,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			375,72
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	154,45
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	515,25
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3	360,80
Par	TEXTI Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Separate basis  Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### **Additional Data**

Software ID: Software Version:

EIN: 74-6075525

Name: AM FED OF GOVERNMENT EMPLOYEES

) (Revenue \$

2455 AFGE NBP LOCAL

#### Form 990, Special Condition Description:

) (Expenses \$

#### **Special Condition Description**

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

EACH MEMBER IS COVERED BY A MONTHLY STIPEND FOR ANY CRIMINAL NEGOTIATION/ARBITRATION NEEDED BY THE

including grants of \$

MEMBER IN ADDITION, MEMBERS WHO HAVE INCURRED LEGAL EXPENSES DUE TO JOB SITUATIONS WILL ALSO BE REIMBURSED BY THE NATIONAL ORGANIZATION IF THEIR REQUEST IS APPROVED BY THE NATIONAL COUNCIL

DLN: 93493296004442

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

**Employer identification number** 

	AFGE NBP LOCAL		74	1-6075525		
Pai	t I Organizations Maintaining Donor Ac		milar Funds	s or Account	<b>s.</b> Comple	te ıf the
	organization answered "Yes" to Form 99	0, Part IV, line 6.  (a) Donor advised fund	<u>.                                      </u>	(b) Funds and	othor accou	ntc
1	Total number at end of year	(a) Donor advised fund	15	(b) Fullus allu	other accou	IIILS
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_		lvised	┌ Yes	√ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that gi	rant funds may		┌ Yes	√ No
Par	t III Conservation Easements. Complete	ıf the organization answere	d "Yes" to Fo	rm 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the oil Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)	ation of an hist ation of a certif	orically importar ied historic struc	-	a
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution i	n the form of a	conservation		
				Held at the	e End of the	Year
a	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	, ,	2c			
d	Number of conservation easements included in (c) ac	equired after 8/1 //06	2d			
3	Number of conservation easements modified, transfe the taxable year -		terminated by	the organization	during	
4	Number of states where property subject to conserva					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ction, handling	of violations, an	d ┌ Yes	√ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservat	ıon easements	during the year	<b>-</b>	
7	A mount of expenses incurred in monitoring, inspecting.	ng, and enforcing conservation e	easements dur	ing the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requireme	ents of section		┌ Yes	√ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's	•	•		
Part	Organizations Maintaining Collection Complete if the organization answered '			ther Similar	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenu for public exhibition, education	e statement ar or research ın			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or r				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		rassets for fina			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

	Jsing the organization's accession and other tems (check all that apply)	records, check an	y of th	ne foll	owing	that are	a sıgnıfıcan	t us	e of its co	llection		
аГ												
	Public exhibition		d	Γ	Loan	or excha	ange prograi	ms				
ьΓ	Scholarly research		e	Γ	Other	-						
сΓ	Preservation for future generations											
	Provide a description of the organization's co Part XIV	llections and expla	iin hov	w they	/ furthe	er the or	ganızatıon's	exe	mpt purp	ose in		
	During the year, did the organization solicit o								lar	Γ,	Yes	√ No
Part	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	"Ye	s" to Fo	rm 990	,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	other asset	ts no	ot	Γ,	Yes	√ No
<b>b</b> I	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ıng ta	able							
_							-	$\pm$		Amou	nt	
_	Beginning balance						<u> </u>	<u>c</u>				
	Additions during the year						1	_				
_	Distributions during the year						1	-				
	Ending balance						1	f				
<b>2a</b> [	Old the organization include an amount on Fo	rm 990, Part X, lin	e 21?							Γ,	Yes	√ No
	f "Yes," explain the arrangement in Part XIV											
Part	Endowment Funds. Complete										F V	Dl-
<b>1a</b> E	Beginning of year balance	(a)Current Year	(D <sub>.</sub>	Prior \	rear	(c)IWO	Years Back	(a)   r	ree Years I	заск (е)	Four Y	ears Back
	Contributions											
	Investment earnings or losses											
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f A	Administrative expenses											
g E	End of year balance											
<b>2</b> F	rovide the estimated percentage of the year	r end balance held	as									
a E	Board designated or quasi-endowment 🕨											
ЬΕ	Permanent endowment 🕨											
c T	Term endowment ▶											
	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	d and ad	mınıstered 1	for tl	he			
c	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
_	(ii) related organizations							•		3a(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		No_
4 [						10						
Fait	Land, Buildings, and Equipme	int. See roini 93	70, Pa					. 1				
	Description of property				a) Cost o sıs (ınve	estment)	( <b>b)</b> Cost or of basis (othe		(c) Accur deprec		( <b>d</b> ) B	ook value
<b>1a</b> La	and		•									
<b>b</b> Bı	uildings		•									
<b>c</b> Le	easehold improvements											
	quipment		•				24,	235		15,577		8,658
a E												
	ther	<u></u>	•									

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(-,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Other		
<b>7.</b> 1-1 (Colored (1) decide cond. 5 - 2000, 9 - 4 V cold (9) (colored (2) V cold (2) V cold (2) V cold (2) (colored (2) V cold (2) (colored (2) V cold (2) V colored (2) (colored (2) V colored (2)	<b>F</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. Se		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
<b>7</b> 1-1 (0 / (1) / (1) (1) ( (1) / (1) ( (1) / (1) / (1) ( (1) /	<b>*</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, I		
(a) Descri		(b) Book value
Total (Column (b) should agual Form 900, Part V, cal (P) line	15 )	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	<b>(b)</b> A mount	
Federal Income Taxes	(2) / Illiounic	
redefai income raxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		
3 Fin 49 (ACC 740) Footpote In Bart VIV provide the to		

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
		10	
) 	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p  Total revenue, gains, and other support per audited financial statements	<u>er Re</u> 1	eturn
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
)	Donated services and use of facilities		
	Recoveries of prior year grants		
ı I	Other (Describe in Part XIV)		
' :	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a  Other (Describe in Part XIV)		
1	, , , , , , , , , , , , , , , , , , , ,	4-	
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Doturn
ГU	Total expenses and losses per audited financial	рег	Return
	statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
1	Donated services and use of facilities		
•	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ı	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
,	Other (Describe in Part XIV)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	
2			
:	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization AM FED OF GOVERNMENT EMPLOYEES 2455 AFGE NBP LOCAL **Employer identification number** 

74-6075525

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	"THE OBJECTIVE OF THE LOCAL SHALL BE TO PROMOTE THE GENERAL WELFARE OF CIVILIAN GOVERNMENTAL EMPLOYEES THE LOCAL SHALL STRIVE TO PROMOTE EFFICIENCY IN THE GOVERNMENTAL SERVICE, AND SHALL ADVANCE PLANS OF IMPROVEMENT TO BE SECURED BY LEGISLATIVE ENACTMENT THROUGH COOPERATION WITH GOVERNMENTAL OFFICIALS AND BY OTHER LAWFUL MEANS "
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	EACH MEMBER IS COVERED BY A MONTHLY STIPEND FOR ANY CRIMINAL NEGOTIATION/ARBITRATION NEEDED BY THE MEMBER IN ADDITION, MEMBERS WHO HAVE INCURRED LEGAL EXPENSES DUE TO JOB SITUATIONS WILL ALSO BE REIMBURSED BY THE NATIONAL ORGANIZATION IF THEIR REQUEST IS APPROVED BY THE NATIONAL COUNCIL
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	NEW VICE-PRESIDENT POSITION WAS ESTABLISHED
MATERIAL DIVERSION OF ASSETS	FORM 990, PAGE 6, PART VI, LINE 5	YES 220,385 00 WAS EMBEZZELED BY A NONMEMBER OF THE UNION 10,000 HAS BEEN RECUPERATED THE DIFFERENCE DEPENDS ON THE OUTCOME OF A TRIAL
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	"CIVIL EMPLOYEES IN THE ACTUAL SERVICE OF THE UNITED STATES BORDER PATROL, LAREDO, TEXAS, IN THE LAREDO SECTOR, SHALL BE ELIGIBLE FOR MEMBERSHIP IN THIS LOCAL AS PROVIDED FOR IN ARTICLE III, SECTION 1 OF THE AFGE NATIONAL CONSTITUTION "
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	"THE LOCAL SHALL HAVE FULL POWER TO ELECT OR REJECT ELIGIBLE APPLICANTS FOR MEMBERSHIP " "ALL MEMBERSHIP APPLICANTS SHALL BE VOTED ON IN REGULAR LOCAL MEETINGS"
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	QUESTION ON INCREASING DUES WILL BE SUBJECT TO APPROVAL OF THE MEMBERS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS REVIEWED BY THE PRESIDENT AND THE VICE-PRESIDENTS THE PRESIDENT SIGNS THE RETURN THE RETURN IS FILED THE RETURN IS PROVIDED TO THE MEMBERSHIP AT THE NEXT GENERAL MEETING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE AFGE LOCAL CHAPTER 2455 EXECUTIVE COMMITTEE IS DISCUSSING THE CONFLICT OF INTEREST, WHISTLEBLOWER, AND DESTRUCTION AND RETENTION POLICIES MENTIONED IN PART VI, SECTION B OF THE FORM 990
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS AVAILABLE UPON REQUEST

DLN: 93493296004442

OMB No 1545-0172

Form **4562** 

## **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•	See separate ir	st ruct ions	. ► Attach		Attachment Sequence No <b>179</b>				
Name(s) shown on return AM FED OF GOVERNMEN	T EMDLOVEES		Business	or activity to w	I	dentifying number				
AM FED OF GOVERNMEN 2455 AFGE NBP LOCAL	I EMPLOTEES		INDIREC	T DEPRECIAT	74-6075525					
	To Expense (	Certain Prop								
Note: If y	ou have any li	sted property	, complet	te Part V befo	ore you com	plete Part I.				
1 Maxımum amount (see	instructions)						1	500,000		
2 Total cost of section 1	79 property plac	ed in service (	see instruc	ctions) .			2			
3 Threshold cost of sect	ion 179 property	/ before reducti	on in limita	ation (see instr	uctions) .		3	2,000,000		
4 Reduction in limitation	Subtract line 3	from line 2 If z	zero or less	s, enter -0-			4			
5 Dollar limitation for tax	year Subtract	line 4 from line	1 Ifzero	or less, enter - (	) - If married	filing				
separately, see instruc	ctions						5			
6 (a)	Description of pi	roperty		(b) Cost (bu		(c) Elected c	ost			
								-		
7 Listed property Enter	the amount from	line 29 .			. 7			1		
8 Total elected cost of s			nte in colu	mn (c) lines 6			8	_		
9 Tentative deduction E		•		iiii (c), iiiies o	and 7		9			
							<del>⊢</del>			
10 Carryover of disallowed		•					10			
<b>11</b> Business income limitation							11			
12 Section 179 expense of					n line 11 ·		12			
13 Carryover of disallowed	d deduction to 2	012 Add lines	9 and 10, l	ess line 12	13					
<b>Note:</b> Do not use Part .										
								ty ) (See instructions )		
<b>14</b> Special depreciation al tax year (see instruction		lified property (	other than	listed property	) placed in se	rvice during the	1			
							14			
15 Property subject to see		election .					15			
16 Other depreciation (inc		· · ·	<u></u>				16	3,348		
Part III MACRS De	preciation (I	Do not includ			e instructio	ns.)				
17 MACRS deductions for	accate placed i	n coruce in toy		ction A	011		17			
	·		-	<del>-</del>			<b></b>			
18 If you are electing t				_	•					
general asset accou	•			1 Tay Vaan			<u> </u>	ation Custom		
Section B-ASS	ets Placed in	(c) Basis		I lax fear	Using the	General Dep	recia	ation System		
(a) Classification of property	(b) Month and year placed in service	deprecia (business/inv use only—see inst	tion estment	(d) Recovery period	(e) Convent	ion <b>(f)</b> Metho	od	(g)Depreciation deduction		
<b>19a</b> 3-year property		,	, , ,							
<b>b</b> 5-year property										
<b>c</b> 7-year property										
<b>d</b> 10-year property										
<b>e</b> 15-year property										
<b>f</b> 20-year property										
<b>g</b> 25-year property				25 yrs		S/L				
<b>h</b> Residential rental				27 5 yrs	MM	S/L				
property				27 5 yrs	ММ	S/L				
i Nonresidential real				39 yrs	ММ	S/L				
property					MM	S/L				
	on C—Assets Plac ⊺	ced in Service D	uring 2011	Tax Year Using	the Alternat	tive Depreciation	n Syst	em		
20a Class life	-			4.5		S/L				
<b>b</b> 12-year				12 yrs	NA NA	S/L				
c 40-year  Part IV Summar	l ' <b>y</b> (see instruc	tions)		40 yrs	MM	S/L				
21 Listed property Enter							21			
			Inco 10 -	nd 20 in action	n (a) and l					
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partnershi	ps and S c	orporations—se	e instruction		22	3,348		
23 For assets shown abov portion of the basis att		_		year, enter the	· . 23					

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	. Г <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	(e) Basis for depreciation (business/investment use only)			<b>(f)</b> Recover period	very Method/			<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	used moi	e than	25						
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
<b>27</b> Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
					a)	(1			(c)	<u> </u>	((			≘)		f)
year (do not inclu-			-	Vehicle 1 Vehicle 2						Vehi	cle 4	Vehi	cle 5	Vehicle 6		
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s   1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
<b>36</b> Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
<b>37</b> Do you maintain a employees?		y statement											our.	Y	es	No
<b>38</b> Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •			
<b>39</b> Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	(b)						(d) Code section		(e) A mortizat period o percenta		ation Amo			(f) ortization for this year		
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			$\dashv$							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					